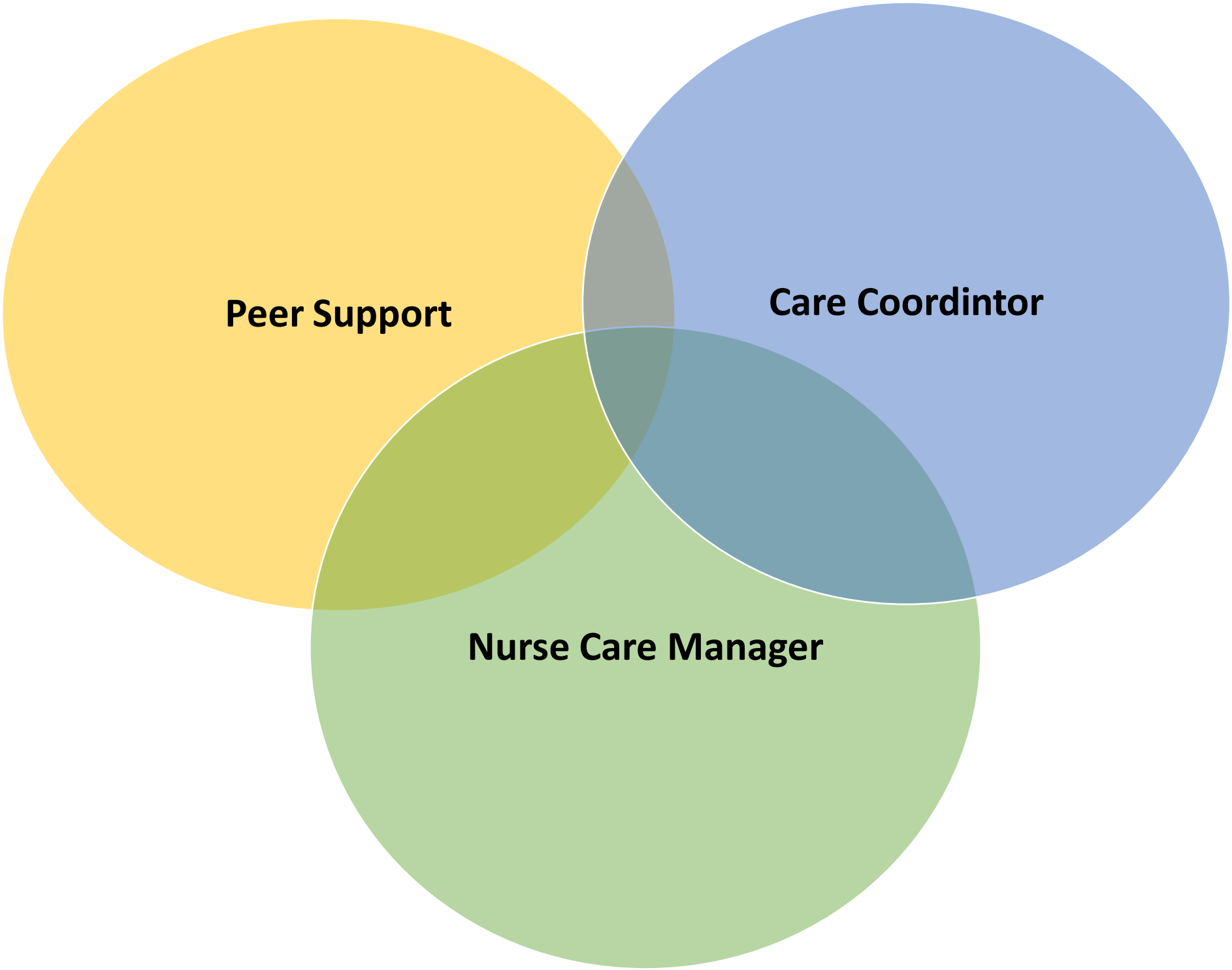
Peer Support
Care Coordintor
Nurse Care Manager

Nurse case manager and Care Coordinator Services:

Health Promotion- Referral to Community and Social Support Services. Examples Include but not limited to: personal health goals, health education, Wrap-around planning process, Wellness program, PCP and specialist, Transportation services, and employment and educational programs or training.

Care Coordinator:

- Care Coordination
- Assessments
- Make and track appointments and referrals
- Follow-up monitoring
- Joint treatment Planning
- Support coordinator of care with care team
- Phone calls and member visits
- Health education
- Substance abuse treatment links in addition to treatment.

Nurse Case Manager:

- Assessment
- Gaps in care
- Predicted risk/modeling
- Care plan
- Administration of online provider tools
- Receipt of CCD
- Evidence-based guidelines
- Monitor and intervene on treatment goal progress.

Peer/Family Support:

- Outreach
- Follow-up and monitoring
- Collaboration with providers on interventions/ goals
- Advocating for members and families
- Identify and develop social support networks
- Assistance with medication and treatment management and adherence.

Team combined efforts of Care Coordinators, Nurse Case Managers, and Peer/Family Support:

Care Coordination-Comprehensive Transitional Care-Individual and Family Support. Examples include but are not limited to the following: Connection to peer advocacy groups, family support, networks, wellness centers, NAMI, and family psychoeducational programs, identify community resources, assistance with medication management and adherence, develop social networks, outreach, assessments, make and track appointments and referrals, follow-up monitoring, collaboration with providers on interventions/goals, joint treatment planning, and support and coordination of care with primary care providers and specialist.